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                 MARPAT searching enhanced
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         JAN 28
                 USGENE now provides USPTO sequence data within 3 days
                 of publication
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         JAN 28
                 TOXCENTER enhanced with reloaded MEDLINE segment
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NEWS 35 JAN 28 MEDLINE and LMEDLINE reloaded with enhancements

NEWS EXPRESS 19 SEPTEMBER 2007: CURRENT WINDOWS VERSION IS V8.2, CURRENT MACINTOSH VERSION IS V6.0c(ENG) AND V6.0jc(jp), AND CURRENT DISCOVER FILE IS DATED 19 SEPTEMBER 2007.

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2 DUP REM L1 (3 DUPLICATES REMOVED)

=> dis ibib abs 12 1-2

ANSWER 1 OF 2 MEDLINE on STN DUPLICATE 1

ACCESSION NUMBER: 1998427993 MEDLINE DOCUMENT NUMBER: PubMed ID: 9755411

New approaches to ovarian stimulation. TITLE:

Diedrich K; Felberbaum R AUTHOR:

CORPORATE SOURCE: Department of Obstetrics and Gynecology, Medical University

of Lubeck, Germany.

SOURCE: Human reproduction (Oxford, England), (1998 Jun) Vol. 13

Suppl 3, pp. 1-13; discussion 14-7. Ref: 43

Journal code: 8701199. ISSN: 0268-1161.

PUB. COUNTRY: ENGLAND: United Kingdom

DOCUMENT TYPE: Journal; Article; (JOURNAL ARTICLE)

General Review; (REVIEW)

LANGUAGE: English

FILE SEGMENT: Priority Journals

ENTRY MONTH: 199811

ENTRY DATE: Entered STN: 6 Jan 1999

Last Updated on STN: 6 Jan 1999 Entered Medline: 17 Nov 1998

AB Suppression of endogenous hormone production by gonadotrophin-releasing hormone (GnRH) agonists followed by controlled ovarian hyperstimulation (COH) with human gonadotrophins, especially the so-called 'long protocol' has developed from second-line into first-line therapy. Due to this attitude premature luteinization can be safely avoided, enhancing therapeutic efficacy. Recombinant preparations of human follicle stimulating hormone (FSH) have been proven to be effective within COH according to the long protocol. The high purity of these compounds may have clinical advantages. GnRH antagonists could be successfully introduced in COH protocols. Also, daily injections in the midcycle phase according to the 'Lubeck protocol', as single or only dual administrations around day 9 seem to abolish any premature LH rises. Due to their different pharmacological mode of action, based on a classic competitive receptor blockage GnRH antagonists avoid any flare-up period and allow ovarian stimulation to start within the spontaneous cycle. Pregnancy rates are comparable to those after long protocol stimulation. Combination of softer stimulation regimes like clomiphene citrate and low dose HMG with midcycle administration of GnRH antagonists may be the way to a cheap, safe and efficient ovarian stimulation. It seems to be high time for modest forms of ovarian stimulation, lowering burden and risk for our patients.

L2 ANSWER 2 OF 2 CAPLUS COPYRIGHT 2008 ACS on STN

ACCESSION NUMBER: 1998:511666 CAPLUS

DOCUMENT NUMBER: 129:255149

TITLE: Multiple dose protocol for the administration of

GnRH-antagonists in IVF: the "Lubeck-

protocol"

AUTHOR(S): Felberbaum, R.; Diedrich, K.

CORPORATE SOURCE: Department of Obsterics and Gynecology, Medical

University of Lubeck (D), Germany

SOURCE: In Vitro Fertilization and Assisted Reproduction,

Proceedings of the World Congress of in Vitro

Fertilization and Assisted Reproduction, Vancouver, B. C., May 24-28, 1997 (1997), 397-404. Editor(s): Gomel, Victor; Leung, Peter C. K. Monduzzi Editore:

Bologna, Italy. CODEN: 66MRAP Conference

DOCUMENT TYPE: Conferent LANGUAGE: English

AB Due to their different pharmacol. mode of action GnRH-antagonists are able to suppress serum-concns. of LH within hours. Instead of "down-regulation" and "desensitization" a classic competitive blockage of the GnRH-receptors on the cell-membrane of the gonadotrophic cells seems to take place. The "flare up", typical for agonistic GnRH-analogs is completely avoided. While the first generation of GnRH-antagonists caused important problems due to allergic reactions, which inhibited their clin. introduction, Cetrorelix and Ganirelix as representatives of the youngest generation of these compds. seem to avoid these disturbances completely.

Cetrorelix was introduced first in our IVF-program to scrutinize the possibility of avoiding premature LH-surges. All patients were treated with human menopausal gonadotropin (HMG), starting on day 2. From day 7 until induction of ovulation by human chorionic gonadotropin (HCG) Cetrorelix is administered s.c. in a daily fashion. Starting with a dosage of 3-mg Cetrorelix/day no premature LH-surges could be observed Also, 1 mg/day, 0.5 mg/day and 0.25 mg/day administered according to the described "Lubeck-protocol" avoided any premature LH-surges. The mean courses of FSH and LH in the different dosage groups were quite similar with a profound suppression of LH. Estradiol concns. reflected a satisfactory follicular development. The fertilization-rate after IVF in cases of tubal infertility or ICSI in cases of male subfertility were within the range to be expected after normal oocyte maturation.

REFERENCE COUNT: 11 THERE ARE 11 CITED REFERENCES AVAILABLE FOR THIS RECORD. ALL CITATIONS AVAILABLE IN THE RE FORMAT

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